

STATEMENT OF
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U.S. HOUSE OF REPRESENTATIVES

HEARING ON THE TRANSFORMATION OF THE COMMISSIONED CORPS
OF THE U.S. PUBLIC HEALTH SERVICE
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Good morning Mr. Chairman, and distinguished members of the Committee. I am Dr. Edward N. Brandt, Jr. I am currently Regents Professor and Director of the Center for Health Policy at the University of Oklahoma Health Sciences Center. From May 1981 through December 1984, I served as the Assistant Secretary for Health, and was responsible for the oversight and line management of the agencies of the U.S. Public Health Service (PHS), including the Commissioned Corps. I, myself, served as a Commissioned Corps officer during my tenure.

The public health environment in which we live has changed, especially since the terrorist events of 9/11 and the series of anthrax releases that followed. We are now at war and are confronted with the specter of chemical and biological terrorism occurring on our own soil. This is in addition to the natural emergence of new infectious diseases (for example, West Nile virus and SARS); the persistent problems of lack of reasonable access to health care for many of our rural and urban citizens; problematic levels of under-immunization among our populations of both children and adults; and, other potential threats, such as an accidental or intentional adulteration of our food supply.

The proverbial "bottom line" is that the world has changed, threats have changed, and the Corps must change. Unlike past times where the Corps has slowly been reshaped, the horizons and time frames that we face today are immediate and urgent on one hand, and persistent on the other. We have no idea when or if a terrorist will unleash a biologic weapon on the American people, but we know that the technological capacity to do so exists and we must plan to respond for the sake of our security. We have pressing problems in the day-to-day functioning of our public health infrastructure, with barriers to access and service that are not dissimilar to those of several decades ago. I believe that the Secretary's transformation initiative will address these issues.

It is essential that transformation be kept in perspective and in context. Officers of the commissioned corps are expected to be able to function in dual capacities. Corps officers have a routine assignment to which they report on a daily basis, but also possess extremely valuable, high level health skills that can be brought to bear in the event of a national need. This flexibility is one of the key characteristics that makes the uniformed service system as it is implemented within the Corps so valuable. The Secretary has proposed training of officers to assure readiness and to complement their varied professional skills, and I agree that such is needed. Many of the skills that officers bring to their routine assignment can be used to full benefit in the event of an emergency.

There are three specific additional areas of Secretary Thompson's transformation plan that I

want to address: use of the Corps for non-emergency primary care; the organizational structure for management and oversight of the corps; and modernization of the reserve elements.

PRIMARY CARE MISSIONS

The transformation of the corps should not be, and to my understanding is not, driven solely by the new importance that readiness and response have taken since 9/11. It has been adequately shown that corps officers bring much to improve research, public health practice, and the provision of primary care. I believe that the nation needs more commissioned corps officers on active duty in the full range of professional functions that they now fulfill, I also believe that renewed emphasis on the use of corps officers to address primary care in underserved areas and among the Native American population is essential.

The Health Resources and Service Administration's web site lists approximately 3,000 vacancies in underserved areas that need to be filled. The President and the Secretary have announced their intention to expand the Community Health Centers program by some 1,200 new centers by 2007. And, the best estimates of the number of new health professionals required to serve in these centers is between 7,500 and 20,000. The Indian Health Service, when last I heard, was currently short approximately 175 physicians, 100 dentists, over 350 registered nurses, and is critically short of pharmacists and other health professionals.

In my view, the best method by which to attract and place new health professionals to help fulfill the President's vision is the commissioned corps system. Whether the new officers are brought into the service as scholarship recipients or volunteers makes no difference. What makes a difference is that they are commissioned officers. During my tenure as the Assistant Secretary for Health, I learned first hand the value of the uniformed system as I assigned officers to community health centers, rural clinics, free-standing National Health Service Corps sites, and migrant health delivery sites. Implementing a well planned system of career development in a transformed corps, as the Secretary envisions, will offer personal and professional career growth within the world's premier public health establishments, the Department of Health and Human Services and the agencies of the U.S. Public Health Service. The corps system, operating via orders for the good of the service, can be used to address many of our nation's maldistribution problems. My experience with students in today's environment suggests that there is fertile ground for a program that combines service to the country and professional opportunity, which is precisely what the transformed corps will offer.

ORGANIZATION AND MANAGEMENT OF THE CORPS

The Secretary calls for an organization and management approach for the commissioned corps that places policy responsibilities on the shoulders of the Assistant Secretary for Health, and assigns personnel administration functions, including the use of the corps in the field to the Surgeon General. I believe that this is precisely the right structure for the times for several reasons.

First, while the Secretary has the ultimate command and control of the Corps, the Assistant Secretary for Health (ASH) is his chief medical and public health advisor. An essential task that

the ASH performs is to help formulate approaches or solutions to public health problems and to design initiatives. Typically, these are complex issues and require the involvement of several agencies, and frequently multiple divisions or units within agencies. The ASH pulls multiple components together to form a cohesive whole to drive an initiative or address a problem. The ASH needs to be responsible for policy and the planning of the initiatives that are developed, taking advantage of the enormous benefit that a mobile, highly trained, professional corps can offer. The ASH is the integrating point, the Surgeon General the implementing point. This frees up the Surgeon General to attend to the daily work necessary to maintain the corps in their assignments, or on field missions.

Second, the corps has seen several types of management structures over the last few decades. The question at hand is not how to reinvent the past, but rather to do what is appropriate now in today's environment. It is important to look for best practices in similar organization to determine what might be the best approach. Within government, one needs to look to the Department of Defense for inspiration, as they house and oversee all of the other uniformed service health systems. Public information that is available on the web site for the Assistant Secretary of Defense for Health Affairs (ASD/HA) is very informative.

Like the ASH, the ASD/HA is the principal staff assistant and advisor on health matters to the Secretary of Defense and his immediate office. With regard to policy development and program integration, the ASD has a function that closely parallels that currently invested in the ASH. This parallel extends to the commissioned corps policy and planning functions that are proposed for the ASH. The ASD exercises authority, direction, and control over medical personnel; establishes policies, procedures, and standards; directs deployment medicine policies; and, leads strategic planning. These are precisely the functions that the Secretary wishes to be placed in an office that directly supports the Assistant Secretary for Health. Of course, for carrying out these responsibilities the ASH would be supported by an appropriate policy making office. The proposed structure for the commissioned corps parallels the DoD approach but is being appropriately adapted to HHS' needs.

In sum, I believe that the Secretary has clearly chosen the right organizational structure, in fact perhaps the only one that makes sense in our current environment. It follows the proven good practices under which the other uniformed services medical establishments operate and creates a parallelism that will facilitate increased collaboration and cooperation between all of the uniformed medical services. Of great significance to the corps is that it creates parity with those services, a goal that has been articulated by the Surgeon General, as well as constituency organizations, as important to pursue.

MODERNIZATION OF RESERVE

Secretary Thompson has made it clear that he views the transformation as a major systems change for the commissioned corps. While today's discussions revolve around the active duty corps, it must be borne in mind that there is also existing legal authority to operate a reserve element of the corps in a manner that is nearly identical to the other uniformed services.

Increasing the number of health professionals available to work on missions as "part time"

reservists has numerous benefits to policy makers, program officials, and the corps itself. A well-managed, properly populated reserve will have the effect of expanding the capacities and the capabilities of the active duty component in a cost efficient manner.

Again, it is important to bear in mind that the Secretary's transformation is not centered only on emergency response. There are numerous public health problems that can be addressed by planned call ups of reserve corps officers. Some examples of where reserves can be used under conditions of planned initiatives are:

- 👉 relieve staffing shortages in Indian Health Service clinics where staffing dips too low or where it is not sufficient to meet extraordinary demands;
- 👉 working with states and local communities to improve immunization levels, either as individual officers or teams deployed to areas of targeted need;
- 👉 provide technical assistance to help local public health departments to improve their infrastructure;
- 👉 work in teams that do back-to-back rotations into boarder areas, or migrant camps, to improve health status.

And, of course, reserves can be called up to meet emergency needs. A beefed-up reserve in the corps will have numerous positive benefits. There will be a reduction of pressures on the active duty corps to be viewed as the only resource. Reservists can be used to either back fill for active duty officers away from their principal duty station for whatever reasons. called to be deployed, and will short the time that any one active duty officer may be away from his or her principal assignment. I can envision numerous occasions during my tenure as ASH when I could have used such a cadre of people, not the least of which would have been to assist highly impacted departments of public health as the horrors of the HIV epidemic began to unfold. I believe that for the sake of health security, the country needs not only a strong active duty corps, but a well developed and equally strong reserve.

Mr. Chairman and distinguished members, I would like to close by restating my support for Secretary Thompson's transformation initiative for the commissioned corps. Secretary Thompson has articulated a clear vision and several principles for his transformation, and it is now up to those that serve the department to operationalize them. I look forward to working with the Secretary and others to improve the health status and health security of the nation through a modernized and transformed commissioned corps.